United Nations DP/FPA/CPD/KEN/9

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
3 April 2018

Original: English

Annual session 2018
4-8 June 2018, New York
Item 11 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Kenya

Proposed indicative UNFPA assistance:	$33.6 million: $11.1 million from regular resources and $22.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four years (July 2018 – June 2022)
Cycle of assistance:	Ninth
Category per decision 2017/23:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	5.0	10.0	15.0
Outcome 2	Adolescents and youth	1.6	3.0	4.6
Outcome 3	Gender equality and women's empowerment	1.3	3.5	4.8
Outcome 4	Population dynamics	2.2	6.0	8.2
Programme coordination and assistance		1.0	0	1.0
Total		11.1	22.5	33.6

I. Programme rationale

1. The population of the republic of Kenya was estimated at 45.8 million in 2017, with approximately 62 per cent young people below age 24 (28 per cent of which are youth aged 15-24 years). About 70 per cent of the population still live in rural areas, despite a rapid urbanization (4.3 per cent). With a population growth rate of 2.9 per cent, the population is expected to reach 64 million by 2030.

2. The country has reached lower middle-income status; however, nearly 48 per cent of the population is multi-dimensionally poor, with unemployment rates of 11 per cent for the general population and 17.6 per cent among youth. The proportion of the combined discretionary public budget allocated to health by national and county governments remains below the Abuja Declaration target of 15 per cent (7.6 per cent during 2016/2017).

3. The maternal mortality ratio has declined (from 488 deaths per 100,000 live births in 2009 to 362 per 100,000 live births in 2014), but every year still over 5,000 women and girls die from pregnancy and birth-related complications while nearly 200,000 suffer disabilities (including in 3,000 cases of obstetric fistula annually). The proportion of women receiving skilled birth attendance has increased (from 44 per cent in 2009 to 62 per cent in 2014). Key barriers to delivering high-quality maternal care are shortages in life-saving commodities and the inadequate number and capacity of health workers, especially midwives. Gender-related social-cultural factors contribute to the low uptake of services.

4. The total fertility rate has declined (from 4.8 in 2009 to 3.9 in 2014), coupled with an increased national contraceptive prevalence rate (from 46 per cent to 58 per cent) during the same period – though with wide regional variations, ranging from 73 per cent in the central region to 3 per cent in the north-eastern region. The unmet need for family planning is 18 per cent overall but it is significantly higher among young people (23 per cent) and among women living with HIV (38 per cent), partly due to socio-cultural barriers, poor quality of services and weak supply chain management.

5. The adolescent birth rate remains high, though it has declined slightly (from 103 per 1,000 women aged 15-19 years in 2009 to 96 per 1,000 women aged 15-19 years in 2014). This is partly attributed to inadequate knowledge on sexual and reproductive health due to weak delivery of sexuality education programmes for in-school and out-of-school adolescents and youth, inadequate availability of youth-friendly services, barriers in education attainment, poverty leading to transactional sex, harmful traditional practices and sexual violence. The HIV prevalence has declined (from 6.5 in 2013 to 5.9 per cent in 2015). New infections were estimated at 77,647 in 2015, with half being among youth. Key populations, especially sex workers, have poor access to integrated sexual reproductive services despite having the highest HIV prevalence (29 per cent).

6. Gender-based violence prevalence has declined (from 49 per cent in 2003 to 44 per cent in 2014). Female genital mutilation has also declined overall (from 27 per cent in 2009 to 21 per cent in 2014) and among girls aged 15-19 years (from 15 per cent to 11 per cent) – though with regional variations, ranging from 5 per cent to 98 per cent. The Marriage Act of 2014 made 18 years the minimum age of marriage. However, child marriage is still practiced (the national prevalence stands at 13.6 per cent). A national policy on prevention and response to gender-based violence is in place since 2014. A joint programme by the Government and the United Nations to address gender-based violence, including female genital mutilation and child marriage, was developed in 2017.

7. Kenya has conducted population and housing censuses every ten years since 1969. Birth registration coverage has increased (from 58 per cent in 2013 to 64 per cent in 2016) while death registration remains unchanged (45 per cent). The civil registration system is hindered by inadequate equipment, registration materials and human resources, especially at subnational levels. Further use of disaggregated data would strengthen the design of plans, strategies and targeted interventions, at national and county levels, to address the socio-economic disparities in the country.

8. Kenya experiences cyclic natural disasters and displacements from conflicts. The country hosts 488,698 refugees, and has over five million people annually in need of humanitarian assistance, of which at least 1.37 million are girls and women of reproductive age requiring life-saving interventions. During emergencies, adolescents and youth are particularly vulnerable to sexual abuse and exploitation, as well as recruitment into armed forces. Counties faced capacity challenges for disaster preparedness, coordination and timely provision of services during crises.

9. The previous country programme obtained high-level political commitments and public-private partnerships, which contributed to improved access to skilled birth attendance, emergency obstetric and newborn care, high-quality family planning and HIV prevention services. It helped to build capacity for 13 national youth institutions to reach 403,868 young people with integrated sexual and reproductive health information and services, including through innovative digital platforms, such as games, online TV, chat bots and a dictionary for the deaf. The establishment of gender-based violence networks increased discourse on socio-cultural norms and promoted the implementation of relevant laws and policies. The programme supported the generation, analysis and dissemination of the 2009 census, vital statistics and demographic data from health surveys, and the training of civil registration agents for increased coverage of births and deaths registration.

10. The final evaluation of the country programme recommended strengthening gender mainstreaming and HIV interventions. The new programme will therefore mainstream gender as a cross-cutting issue to empower women and girls in decision-making regarding their reproductive health and rights, and will adopt an integrated approach to adolescent sexual and reproductive health, HIV and gender-based violence. Deliberate effort will be made for increased involvement of men and boys in programme interventions.

II. Programme priorities and partnerships

11. The new country programme responds to national priorities as articulated in the third Kenya Medium-term Plan (2018-2022), including the President's 'Big Four' Agenda, the 2030 Agenda for Sustainable Development, the Africa Union Agenda 2063, the Kenya United Nations Development Assistance Framework 2018-2022. The programme will be implemented in coordination and collaboration with line ministries, United Nations organizations (within the framework of 'delivering as one') and other partners working in the selected counties, including through South-South and triangular cooperation. UNFPA will continue to support public-private partnerships, explore blended financing mechanisms and leverage innovations to galvanise the comparative advantage of diverse sectors and create new opportunities for national development.

12. The programme will support advocacy for policy implementation at the national level and will mobilize resources for capacity building and service delivery interventions in 12 counties, selected based on key performance indicators: Homabay, Kilifi, Narok, Kitui, Nairobi (the Kibera informal settlement), Turkana (as a 'delivering as one' county), Mandera, Migori, Marsabit, Wajir, Isiolo and Lamu (under the Joint Programme on Reproductive Maternal, Newborn, Child and Adolescent Health). In addition, the UNFPA-UNICEF Joint Programme on Female Genital Mutilation will be implemented in Baringo, West Pokot, Elegyo-Marakwet, Narok, Marsabit and Samburu counties.

13. UNFPA continues its two-pronged approach of providing developmental and humanitarian assistance. The development approach will strengthen the foundations of an integrated health system as well as the resilience of national institutions and communities, while humanitarian assistance focuses on preparedness and response interventions, particularly targeting those furthest behind.

A. Outcome 1: Sexual and reproductive health and rights

14. *Output 1. National and county governments have improved capacities to provide high-quality integrated sexual and reproductive health services*. The programme will: (a) advocate for increased resource allocation to sexual and reproductive health

programmes; (b) improve quality of midwifery training and advocacy for deployment; (c) mobilize communities and train service providers in prevention and management of obstetric fistula; (d) institutionalize maternal and perinatal death surveillance and response systems; (e) provide selected health facilities with basic and comprehensive emergency obstetric care equipment; (f) generate and support use of data on sexual and reproductive health and gender-based violence by county health management to improve quality of services and prioritization of resource allocation; (g) scale up sexual and reproductive health and HIV integration by supporting the implementation of the National Integration Framework; (h) train health care workers to effectively provide adolescent and youth-friendly services; (i) prevent HIV infections in key population networks through condom programming; and (j) strengthen coordination of sexual and reproductive programming in humanitarian settings.

15. *Output 2: National and county governments have improved capacities to provide access to high-quality family planning services.* The programme will: (a) advocate for increased domestic resource allocation for family planning for commodity security; (b) support delivery of quality family planning services especially for women living with HIV and young people; (c) increase demand for rights-based family planning information and services through community mobilization; and (d) strengthen supply chain management system for family planning commodities.

B. Outcome 2: Adolescents and youth

16. *Output 1: Adolescents, in particular adolescent girls, and youth are better able to make informed choices and participate in relevant decision-making about their sexual and reproductive health and reproductive rights.* The programme will support: (a) development and implementation of laws, policies and programmes in relevant sectors that promote adolescent sexual reproductive health and reproductive rights; (b) facilitation of adolescent and youth participation in decision-making, including in humanitarian and peacebuilding actions; (c) community mobilization for increased demand and support for adolescent and youth sexual and reproductive health services and information; (d) integration of adolescent sexual and reproductive health programming with economic empowerment, in collaboration with the private sector; and (e) implementation of life-skills education in schools; and (f) scale-up of innovative integrated sexual and reproductive health information and services for in-school and out-of-school youth, young people with disabilities and key populations.

C. Outcome 3: Gender equality and women's empowerment

17. *Output 1: Accountability mechanisms for national and county governments are strengthened for coordination and implementation of prevention and response programmes to end gender-based violence, female genital mutilation and child marriage.* The programme will support national and county institutions and systems, including through the gender-based violence joint programme, to: (a) establish effective intersectoral coordination mechanisms on gender-based violence, including female genital mutilation and child marriage; (b) improve the quality of sexual and gender-based violence prevention, treatment and rehabilitation services and access to such services through political and community awareness interventions and by implementing a range of training programmes for service providers; and (c) support gender-based violence risk mitigation and integration across humanitarian sectors.

D. Outcome 4: Population dynamics

18. *Output 1: Policy makers and programme managers have better access to quality population data and information for evidence-based decision-making.* The programme will support: (a) execution of the 2019 Kenya population and housing census, socio-demographic surveys and rapid assessments in humanitarian crises; (b) establishment of databases for monitoring progress of development targets and goals and for mapping vulnerability of populations to disasters and humanitarian crises; (c) production of periodic demographic evidence and its integration into policies and development plans; (d) coordination, implementation and review of the population policy for national

development and the monitoring and evaluation policy; (e) analysis, publication and dissemination of vital statistics and improved birth and death registration services; (f) implementation of Kenya's demographic dividend roadmap; and (g) strengthening of national and county-level integrated monitoring and evaluation systems.

III. Programme and risk management

19. The National Treasury and the Ministry of Planning will oversee the execution of the country programme, with the National Council for Population and Development as the coordinating authority. UNFPA will continue to implement the harmonized approach to cash transfers. Partners will be selected based on their strategic relevance and ability to produce high-quality results and appropriate risk analysis. National execution will be the preferable implementation modality.

20. Policy changes or lack of alignment of priorities between national and county governments could present a challenge. UNFPA will proactively scan the political and policy environment to explore strategic windows to maintain the delivery of set programme results. In humanitarian situations, UNFPA will, in consultation with the Government, re-programme funds as required to respond to emerging issues within its mandate.

21. Programme implementation might be impacted by reduced financial resources, and accountability capacities. To mitigate these risks, partnerships and the resource base will be diversified and broadened, including by leveraging domestic sources, and through frequent spot checks, monitoring and training of implementing partners.

22. The resource mobilization, partnership and communication plans will be reviewed periodically to reflect current realities and ensure accountability. Whenever feasible, joint proposals will be developed with other United Nations agencies for funding from Governments, development partners and the private sector.

23. Institutional funding will cover management and development effectiveness functions while non-core resources will support earmarked positions. The country office will engage in a human resources realignment exercise to address identified human resources capacity requirements to deliver the country programme effectively. The enterprise risk management system will be reviewed to leverage existing resources and integrate lessons learned.

24. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

25. The Government and UNFPA will work with other United Nations agencies, multilateral and bilateral partners to strengthen national and county-level monitoring and evaluation capacities and systems for improved national reporting through the established 'delivering as one' mechanism. This will be implemented in collaboration with key national stakeholders and in coordination with the monitoring and evaluation of the United Nations Development Assistance Framework. UNFPA and partners will jointly develop and implement a monitoring and evaluation plan to track and report on country programme results in line with UNFPA policies and guidelines.

26. The country programme will rely on national and county mechanisms to systematically obtain evidence to track the contribution of UNFPA to national priorities. Feedback mechanisms will be set up to inform programme management decisions. The performance monitoring and evaluation process will include regular quarterly and annual programme reviews as well as thematic (joint programme) evaluations.

RESULTS AND RESOURCES FRAMEWORK FOR KENYA (JULY 2018 – JUNE 2022)

National priority: Realizing an issue-based, people-centred, results-oriented and accountable democratic system that respects the rule of law and protects the rights and freedoms of every individual in society.
UNDAF Outcome 1: By 2022, people in Kenya have increased and equitable access to and utilize high-quality health, including sexual, reproductive, maternal, newborn, child and adolescent health in emergency and non-emergency settings.
UNDAF Outcome 2: By 2022, marginalized and vulnerable people, especially women and children, have increased access to and utilize social protection, and services for prevention and response to gender-based violence and violence against children.
UNDAF Outcome 3: By 2022, management of population programmes and access to high-quality, affordable and adequate housing is improved in socially and environmentally sustainable settlements, with particular focus on vulnerable groups.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health and rights Outcome indicators: • Proportion of births attended by skilled health personnel *Baseline:* 62; *Target:* 87 • Proportion of women and girls using modern contraceptive methods *Baseline:* 53; *Target:* 58 • Number of maternal deaths averted *Baseline:* 2,010 *Target:* 12,690 • Percentage of domestic resources allocated for family-planning commodities *Baseline:* 50; *Target:* 80	Output 1. National and county governments have improved capacities to provide high-quality, integrated sexual and reproductive health services	• Number of health facilities that provide high-quality services in: (a) basic emergency obstetric and newborn care; and (b) adolescent and youth-friendly services in 12 counties *Baselines*: (a) 404 and (b) 137; *Targets*: (a) 664 and (b) 280 • Number of women and girls living with obstetric fistula receiving UNFPA-supported treatment *Baseline*: 1,041; *Target*: 2,241 • Percentage of girls and women in all humanitarian settings receiving sexual and reproductive health services *Baseline:* 7%; *Target:* 20% • Number of female sex workers receiving integrated sexual reproductive health services *Baseline*: 2,700; *Target*: 12,000 • Number of medical schools providing direct entry to midwifery training *Baseline*:1; *Target*: 8	Ministry of Health; United Nations agencies; World Bank; county governments; national and international non-governmental organizations; private sector; civil society organizations; academia; professional associations; media; opinion leaders	$9 million ($4 million from regular resources and $5 million from other resources)
	Output 2. National and county governments have improved capacities to provide high-quality family planning services	• Number of new users of modern contraceptives, disaggregated by age, in 12 counties. *Baselines:* 337,201 for all women, 104,532 for age group 10-24 years; *Targets:* 580,510 and 179,958, respectively • Number of counties with functional electronic logistics management information system in place *Baseline:* 0; *Target:* 12 • Total couple years of protection for contraceptives procured by UNFPA in programme cycle *Baseline:* 506,586; *Target:* 557, 224		$6 million ($1 million from regular resources and $5 million from other resources)
Outcome 2: Adolescents and youth Outcome indicators: • Adolescent birth rate (aged 15-19 years) *Baseline:* 96; *Target:* 85	Output 1. Adolescents, in particular adolescent girls, and youth are better able to make informed choices and participate in relevant	• Number of adolescents and youth receiving integrated sexual and reproductive health information *Baseline:* 403,868; *Target:* 1,203,868 • Number of national and county institutions that effectively engage adolescents and youth in planning	Ministries of Education, Science and Technology; and Health; county governments; United Nations agencies; youth	$4.6 million ($1.6 million from regular resources and $3 million

• Percentage of women and men 15-24 years' old who correctly identify ways of preventing transmission of HIV and reject major misconceptions about HIV transmission *Baseline:* 54% and 64% for women and men, respectively; *Target:* 64% and 74%, respectively	decision-making about their sexual and reproductive health and reproductive rights	and decision-making, as per agreed procedures *Baseline:* 0; *Target:* 15 • Number of sectors (other than health) that have strategies on adolescent and youth-friendly sexual and reproductive health issues in their sectoral plans *Baseline:* 2; *Target:* 7	organizations; civil society organizations; religious organizations; private sector; academia; opinion leaders; young people; media	from other resources)
Outcome 3: Gender equality and women's empowerment Outcome indicators: • Proportion of women and girls aged 15 and older subjected to sexual violence by persons other than intimate partner in the last 12 months. *Baseline:* 45; *Target:* 38 • Female genital mutilation prevalence of girls aged 15-19 years *Baseline:* 11; *Target:* 7 • Percentage of women aged 20-24 years married or in-union by age 18 *Baseline:* 22.9; *Target:* 19	Output 1. Accountability mechanisms for national and county governments are strengthened for coordination and implementation of prevention and response programmes to end gender-based violence, female genital mutilation and child marriage	• Percentage of focus counties that adopt the national accountability framework *Baseline:* 0; *Target:* 100 • Percentage of identified most-at-risk women and girls who receive integrated gender-based violence prevention, protection and care services *Baseline:* 5; *Target: 25* • Number of girls and women who have received social and legal services as part of the Joint Programme on Female Genital Mutilation *Baseline:* 11,130; *Target:* 700,130	Directorate of Gender; National Gender and Equality Commission; Ministries of Education; and Health; United Nations agencies; private Sector; foundations; development partners; African Union; East African Legislative Assembly; civil society organizations; academia; media	$4.8 million ($1.3 million from regular resources and $3.5 million from other resources)
Outcome 4: Population dynamics Outcome indicators: • Census data collected, processed and analysed, results published and disseminated *Baseline:* No; *Target:* Yes • Percentage of births and deaths registered with civil registration services *Baseline:* 64.1% (births) and 41.9% (deaths); *Target:* 88% and 65%, respectively	Output 1. Policy makers and programme managers have better access to high-quality population data and information for evidence-based decision-making	• Number of 2019 Kenya population and housing census reports produced *Baseline:* 0; *Target:* 15 • Existence of up-to-date data base on humanitarian data *Baseline:* No; *Target:* Yes • Number of county annual development plans integrating demographic dynamics *Baseline:* 0; *Target:* 36 • Number of counties with established county-level integrated monitoring and evaluation systems *Baseline:* 0; *Target:* 12 • Number of counties implementing the national population policy coordination framework *Baseline:* 0; *Target:* 47	Kenya National Bureau of Statistics; National Treasury and Ministry of Planning; National Council for Population and Development; Monitoring and Evaluation Department; United Nations agencies; county governments; academia; research institutions; private sector; development partners; civil society organizations; media	$8.2 million ($2.2 million from regular resources and $6.0 million from other resources)